

3251019

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | BW | | 4-13-01 |
| O.I.P.E. CLASSIFIER | REL | | 5/9/01 |
| FORMALITY REVIEW | KL | 1019 | 06-02-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy